

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF _____

_____, being first duly sworn, says that he/she is the applicant named in this application or his/her lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Tennessee Health Services and Development Agency and T.C.A. § 68-11-1601, *et seq.*, and that the responses to questions in this application or any other questions deemed appropriate by the Tennessee Health Services and Development Agency are true and complete.

Signature/Title

Sworn to and subscribed before me this the _____ day of _____, 20____, a Notary Public in and for the County of _____, State of Tennessee.

NOTARY PUBLIC

My Commission expires _____.

HF-0056

Revised 7/02 - All forms prior to this date are obsolete